FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D. SECTION 4 (6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

3235-0076

Serial

OMB Number: April 30, 2008 Expires:

Estimated average burden

Prefix

hours per response......16.00

SEC USE ONLY

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and	indicate change.)	
Tenant in Common Interests		
Filing Under (check box(es) that apply): Rule 504 Rule 505	Rule 506 Section 4(6) ULOE	RECEIVED
Type of Filing: New Filing Amendment		NOV 1 9 2007
A. BASIC IDENTII	FICATION DATA	<u> </u>
Enter the information requested about the issuer		
Name of Issuer ( check if this an amendment and name has changed, and indi	cate change.)	
NHP Treasure Coast, LLC		185/5
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Nu	mber (Including Area Code)
	PROCEOURA	
Address of Principal Business Operations (Number and Street, City, State, Zip Cod	e) Telephone Nu	mber (Including Area Code)
(If different from Executive Offices)	41014	
Brief Description of Business:	NOV 2 8 2007 7	A MARIE A DANGE
Film Fund	h—	
Timi Tung	THOMSON	1 200 JUL 2011 100 JUL 2018 1010 1011 1111 1111 1111 1111 1111
Type of Business Organization	FINANCIAL	s communication accept collectivity and it sold! (EN) (EN)
corporation limited partnership, already formed	other (please spec	07083408
business trust limited partnership, to be formed		
	Month Year	
Actual or Estimated Date of Incorporation or Organization		Actual LEstimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	Abbreviation for State;	
CN for Canada: FN for other for	reign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federat:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying of ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Executive Officer Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING													
1.	Has th	e issuer s	old, or doe	es the issue	· intend to	sell, to no	n-accredite	d investor:	s in this off	ering?		Yes	No
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2,	What i	s the min	imum inve	estment tha								\$ 70,293	3.32
٥,						•••р•••							
3.	Does t	he offerir	ng permit j	oint owner:	ship of a s	ingle unit?		••••••				Yes	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	l Name	(Last nan	ne first, if	individual)									
Bus	siness o	Residen	ce Address	s (Number	and Street	, City, Stat	e, Zip Cod	e)		· · · · ·		<del>.</del>	
Nar	me of A	ssociated	Broker or	Dealer		· · · · ·							
				Has Solicit		nds to Soli	cit Purchas	ers			1		
•				ndividual S	-				(DC)		All Stat		(ID)
-	AL] IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
_	/T)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[MI] [OH]	[OK]	[OR]	[PA]
_	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name	(Last nan		individual)	·······		•		•				
Bus	siness o	Residen	ce Addres:	s (Number	and Street	, City, Stat	e, Zip Cod	e)	-				
Nar	me of A	ssociated	Broker or	Dealer									
				Has Solicit		nds to Soli	cit Purchas	ers			) AU 04 4		
•				ndividual S	tates)	[CO]	[CT]	[DE]	[DC]	[FL]	All Stat [GA]	es [HI]	[ID]
-	AL] IL]	[AK] [IN]	[AZ] [IA]	(AR) [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-	/T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
-	RI]	[SC]	[SD]	[TN]	[TX]	້[ປT]	[VT]	[VA] _	[WA]	[wv]	[wɪj	[WY]	[PR]
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
-	ieck "A. AL]				-	[CO]		[DE]	[DC]	 [FL]	] All Sta	es [HI]	[ID]
-	iL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	/T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total a sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering and indicate in the column below the amounts of securities offered for exchange an exchanged.	ng,	check this box			
	Type of Security		Aggregate Offering Price	A	mc	ount Already Sold
	Debt Equity					5,247,900.00 3,038,000.00
	Convertible Securities (including warrants)	\$ \$ \$			\$ - \$ - \$ -	Nr10
	Total	\$	8,465,000.00		\$_	8,285,900.00
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		15		\$	8,285,900.00
	Non-accredited Investors				\$ -	<u> </u>
	Total (for filings under Rule 504 only)				Φ-	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security			Dollar Amount
	•		Security		•	Sold
	Rule 505Regulation A				\$ \$	
	Rule 504				\$ _	2.22
4.	a. Furnish a statement of all expenses in connection with the issuance and				2 -	0.00
,,	distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$_	
	Printing and Engraving Costs			$\square$	\$ \$	65,000.00
	Legal Fees				\$ -	05,000.00
	Engineering Fees				\$ _	150 000 00
	Sales Commissions (Specify finder's fees separately)			$\boxtimes$	\$ \$	158,900.00 62,000.00
(ide	entify) Placement				· -	
	Total			$\bowtie$	\$	285,900.00

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPE	INSES	AN	D USE OF PR	OCEE	DS
	Question 1 and total expenses furnish	ggregate offering price given in response to ed in response to Part C-Question 4.a. This issuer."	differer	nce		\$	8,179,100.00
5.	be used for each of the purposes sh furnish an estimate and check the box	own. If the amount for any purpose is not the left of the estimate. The total of the proceeds to the issuer set forth in response	ot knov payme	vn, nts			
					Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		🗆	\$		<b>⊠</b> \$	119,541.00
	Purchase of real estate		🛛	\$	7,768,641.01	_ 🗆 \$	
	Purchase, rental or leasing and	installation of machinery and equipment	🗆	\$		. 🗆 \$.	
	Construction or leasing of plant	buildings and facilities	🗆	\$		_ 🗆 💲	
	involved in this offering that ma	(including the value of securities ay be used in exchange for the assets or the assets or the action (including the control of	🗆	\$		□ \$	
	•						
	• •			\$		-	
		ortgage Document Stamps, Escrow		\$		⊠ ·	290,917.99
					<del></del>	- □ \$	
		**************************************	- -				
	Column Totals		🛛	\$	7,768,641.01	⊠ \$	410,458.99
	Total Payments Listed (column	totals added)			⊠ \$	8,179,1	100.00
		D. FEDERAL SIGNATUR	RE		<del></del>		
fol	lowing signature constitutes an underta	be signed by the undersigned duly authori king by the issuer to furnish to the U.S. Secu e issuer to any non-accredited investor purs	urities a	ind E	xchange Commiss	ion, <mark>up</mark> o	
Iss	uer (Print or Type)	Signature/			ate		
Nŀ	HP Treasure Coast, LLC	Am Crucil	1	ı	11/7/07		
Na	me of Signer (Print or Type)	Pitle of Signer (Print or Type)					
Jol	hn McCulloch	President of NHP Treasure Coast, Inc.	, sole n	nemb	er of Issuer		
							D
		ATTENTION				_ <b></b>	